

Name In Full

Certificate of Death

Frank A. Baylis

Town

County

Died at

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

June 27

Age

26 3 11

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74885



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Helma Fern Bonnerille*  
 Town *Gudletree* County *Horchester*

MARYLAND

Died at *Gudletree*  
 Date of death 190 *3* Month *June* Day *15* Age *5* Years *5* Months *29* Days *29*  
 Sex *Female* Color or Race *White* Birth-place *Philadelphia*

~~Married, Single~~  
 or Widowed

Occupation

Name of Wife or  
 Husband

Father's  
 Name

Father's  
 Birthplace

Mother's  
 Maiden Name

Mother's  
 Birthplace

Name of person giving  
 In formation

How related  
 to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

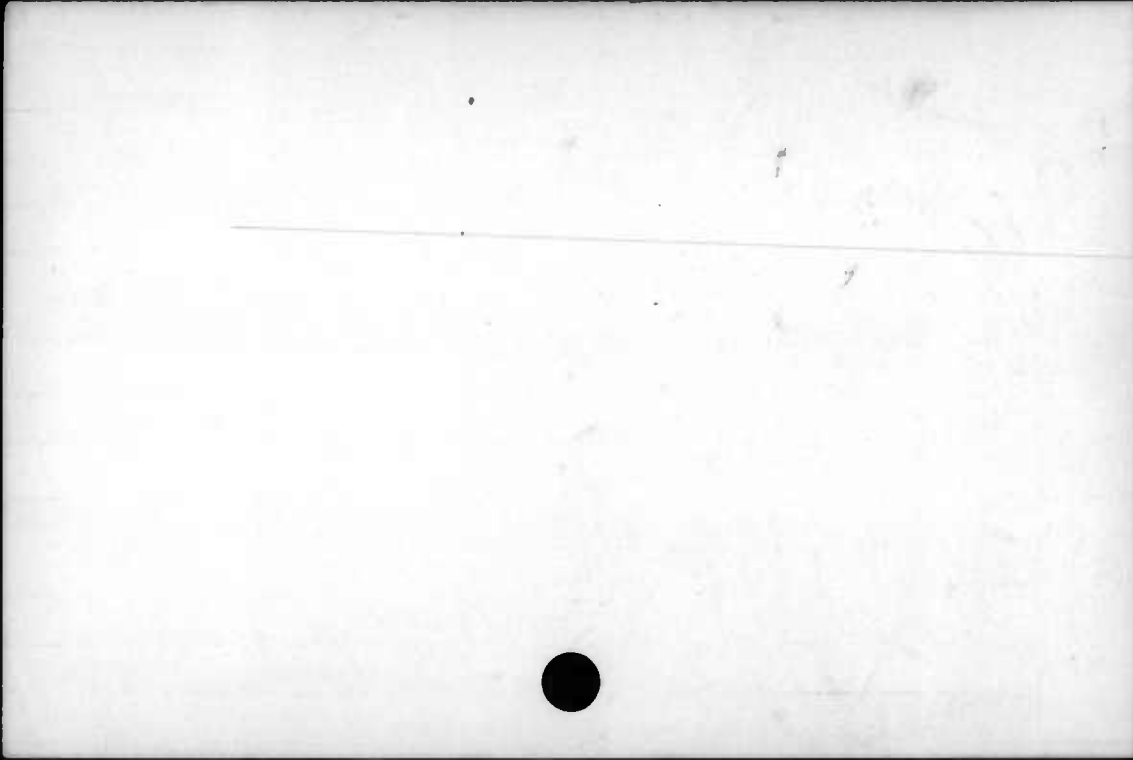
Are the name, age, sex, color, date  
 and place correctly given above?

Signature of  
 Physician

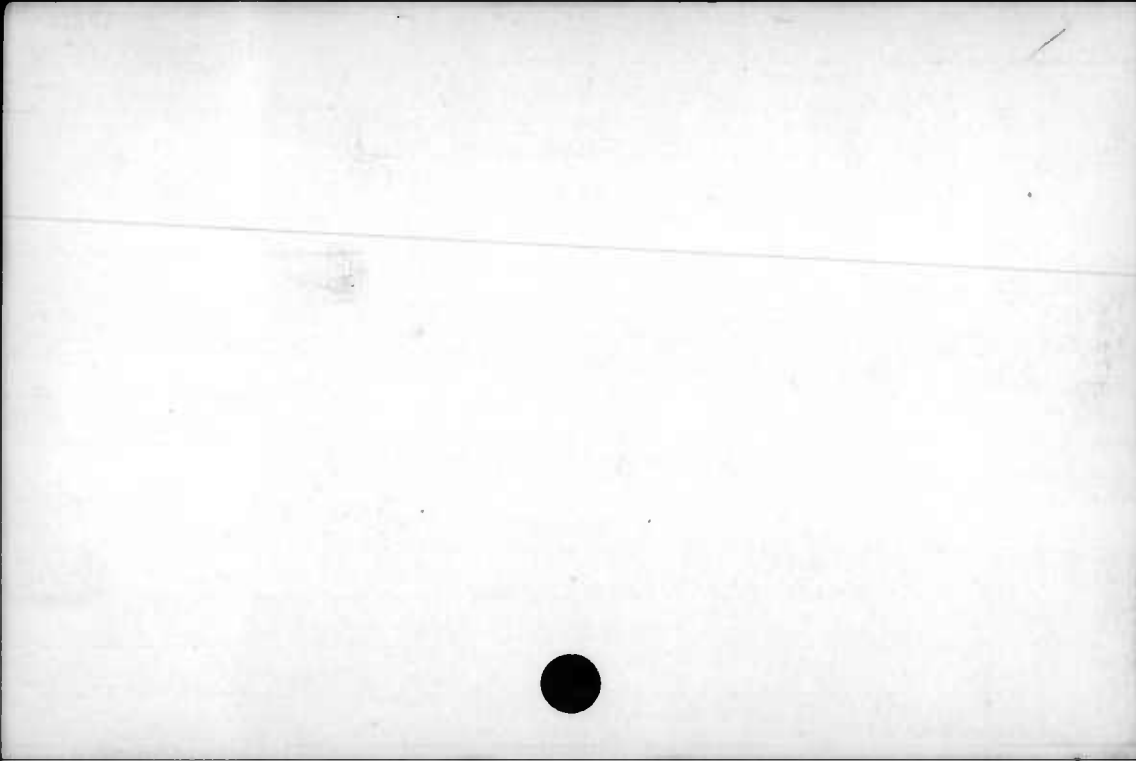
Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full		Harry E. Coaffari				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Berlin</u> Town		<u>Montgomery</u> County		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>11</u>	Age <u>13</u>	Years	Months <u>8</u>	Days
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Berlin</u>		
	Married, Single or <u>Widowed</u>			Occupation <u>—</u>			
	Name of Wife or Husband						
	Father's Name <u>Asher M. Coaffari</u>			Father's Birthplace <u>Berlin</u>			
	Mother's Maiden Name <u>Louise Stephens</u>			Mother's Birthplace <u>Berlin</u>			
Name of person giving information <u>Asher Coaffari</u>			How related to deceased <u>Father</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Diabetes Insipidus</u>			How long <u>12 months</u>			
	Immediate <u>Cystitis &amp; Nephritis</u>			How long <u>10 days</u>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>C. W. Dickerson</u>			
	<u>Yes</u>			Address <u>Berlin Md</u>			
	Accident or Suicide? <u>—</u>						



Name  
in  
Full

*Marie Duncan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

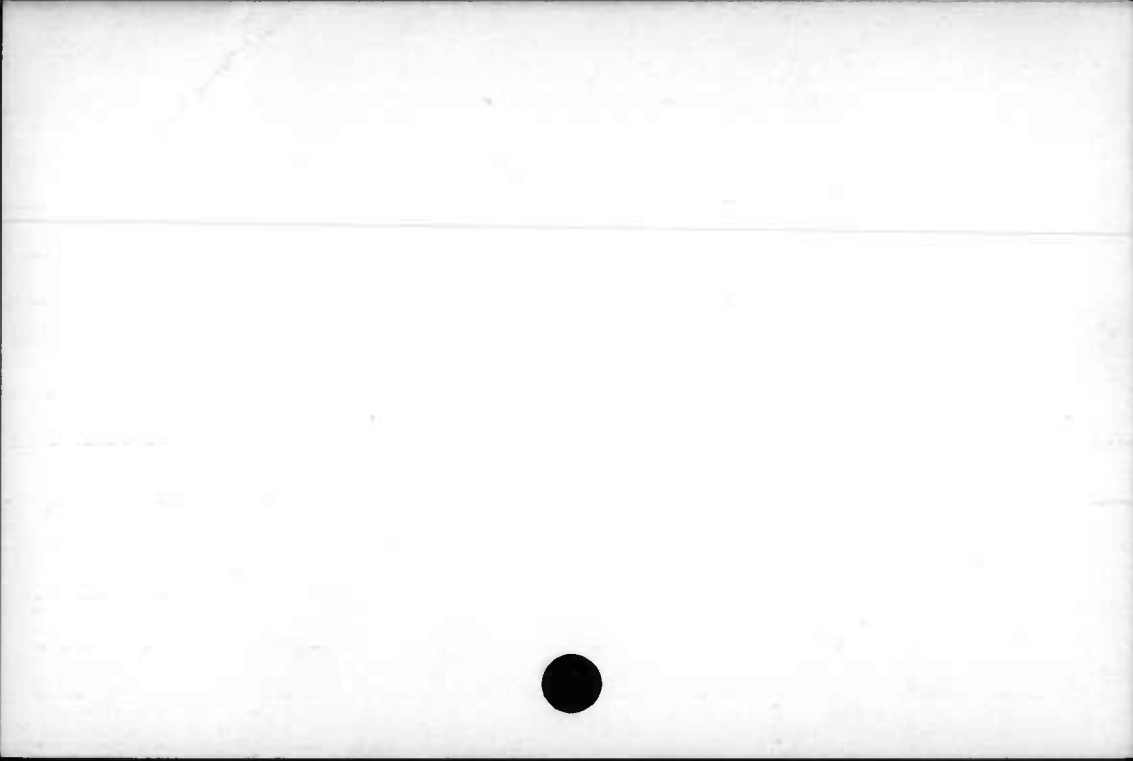
Died at <i>New Brunswick City - New Jersey</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>10</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color <i>White</i>		Birth-place <i>Virginia</i>				
<del>Marrried, Single</del> <del>or Widowed</del>			Occupation <i>Nothing</i>				
Name of Wife or Husband							
Father's Name <i>Ward Kn...</i>				Father's Birthplace <i>Ward Kn...</i>			
Mother's Maiden Name <i>Fannie Hargis</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Henry R...</i>				How related to deceased <i>Son</i>			

*Welbourn md*

CAUSES OF DEATH

PHYSICIAN  
FOR CORNER

Primary <i>old age</i>	How long <i>6 months</i>
Immediate <i>Heart Failure</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Sulcide?	





Name  
in  
Full

Robt - Henry Malthus Hargis

## CERTIFICATE OF DEATH

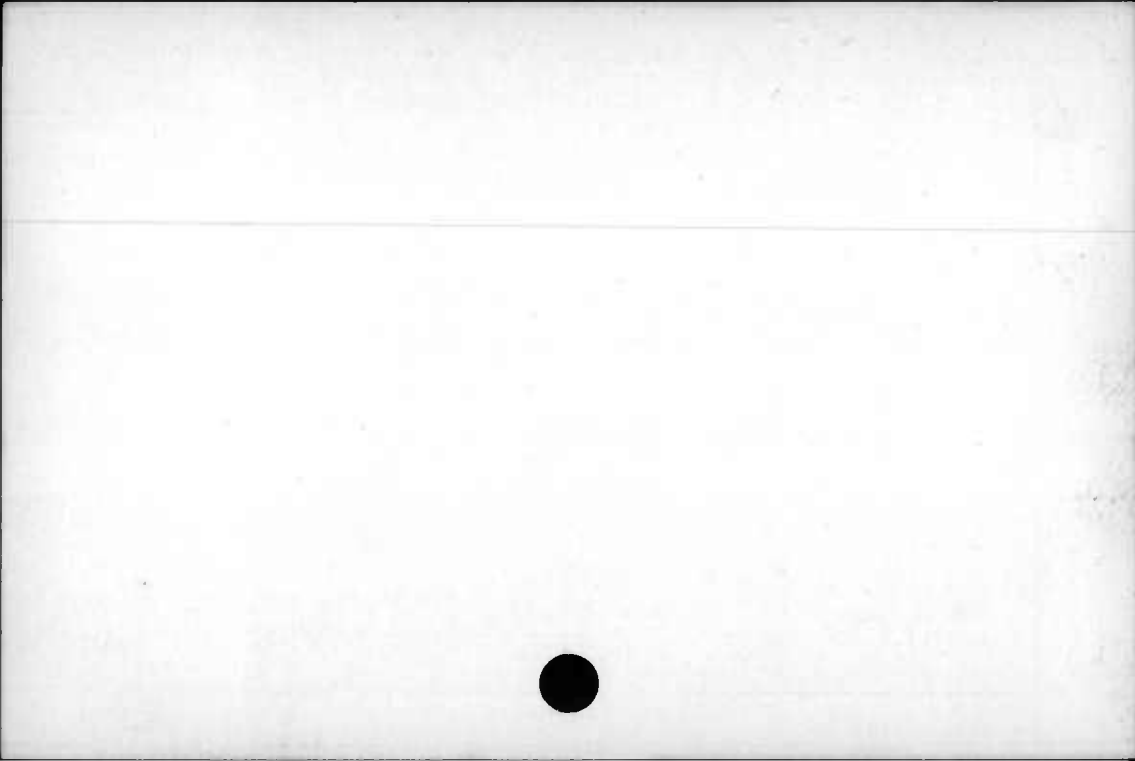
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pocomoke City -		County Worcester		MARYLAND	
Date of death 1903	Month June	Day 27	Age Years		Months 2		Days
Sex Male		Color or Race Black		Birth- place Pocomoke City -			
Married, Single or Widowed Single			Occupation None				
Name of Wife or Husband Mary H. Hargis							
Father's Name Mr. Hargis				Father's Birthplace Worcester			
Mother's Maiden Name Mary H. Long				Mother's Birthplace Worcester			
Name of person giving Information Mary H. Long				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
L

Primary	Dont know	How long	2 Months
Immediate	Dont know 179	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician None	
		Address	
Accident or Suicide?			



Name  
in  
Full

Charles Holloway

## CERTIFICATE OF DEATH

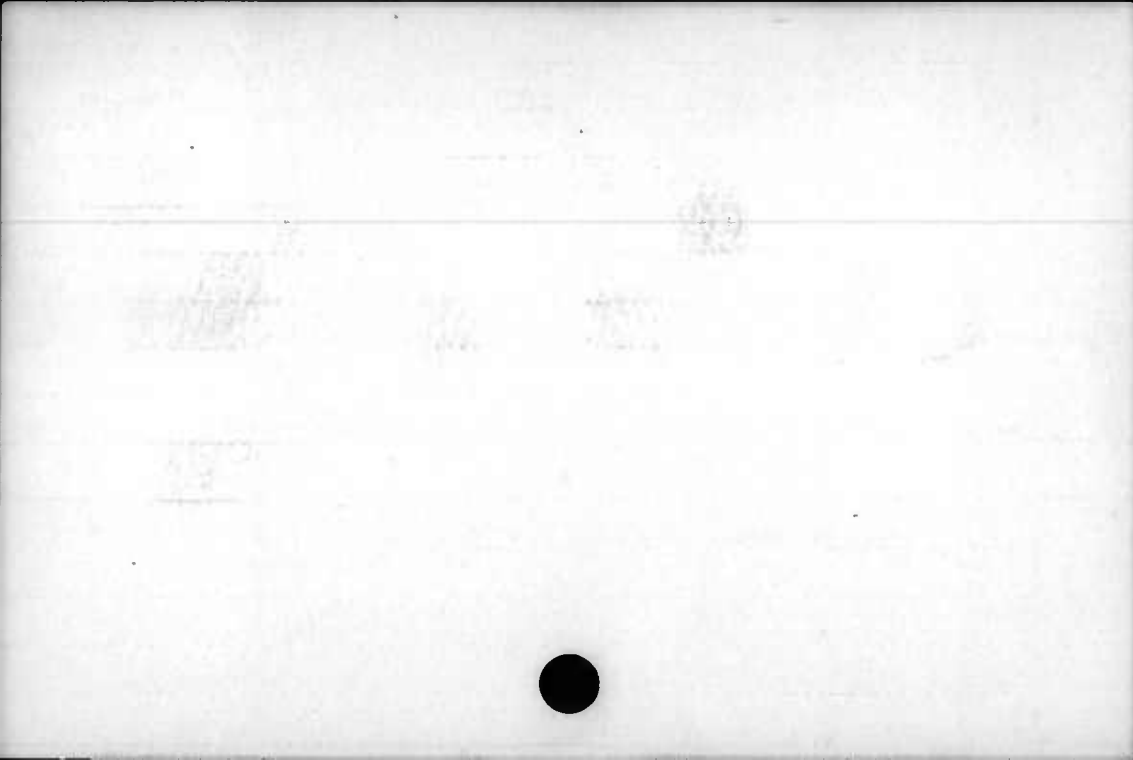
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Newark</i> <sup>Town</sup>		<i>Harrison</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>26</i> <sup>Years</sup>	<i>About</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place			
Married, Single <del>or Widowed</del>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

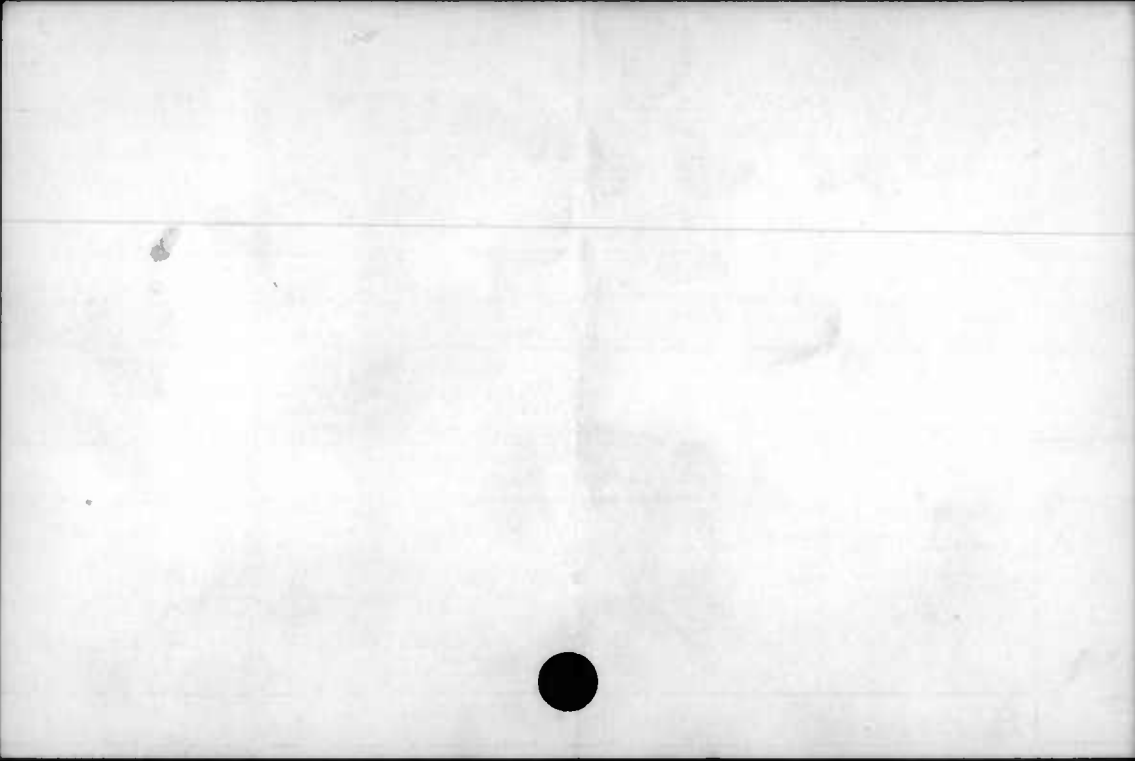
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	
Immediate	<i>Diabetes Insipidus</i>	How long	<i>20 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Holland</i>	
		Address	
Accident or Suicide?			



Name in Full		Edward Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Gudliby</i> <small>Town</small>		<i>Harvester</i> <small>County</small>		MARYLAND	
		Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>11</i>	Age <i>80</i> <small>Years</small>	Months	Days
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
		Married, Single or Widowed <i>Widower</i>		Occupation <i>Not any</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name			Father's Birthplace		
		Mother's Maiden Name			Mother's Birthplace		
		Name of person giving information <i>20</i>		How related to deceased			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Chronic Parenchymatous hepatitis</i>		How long <i>About one year</i>			
		Immediate <i>Dehydration of heart.</i>		How long <i>3 months.</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Burmuntad.</i>			
		<i>Gudliby</i>		Address <i>Harvester Co.</i>			
		Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

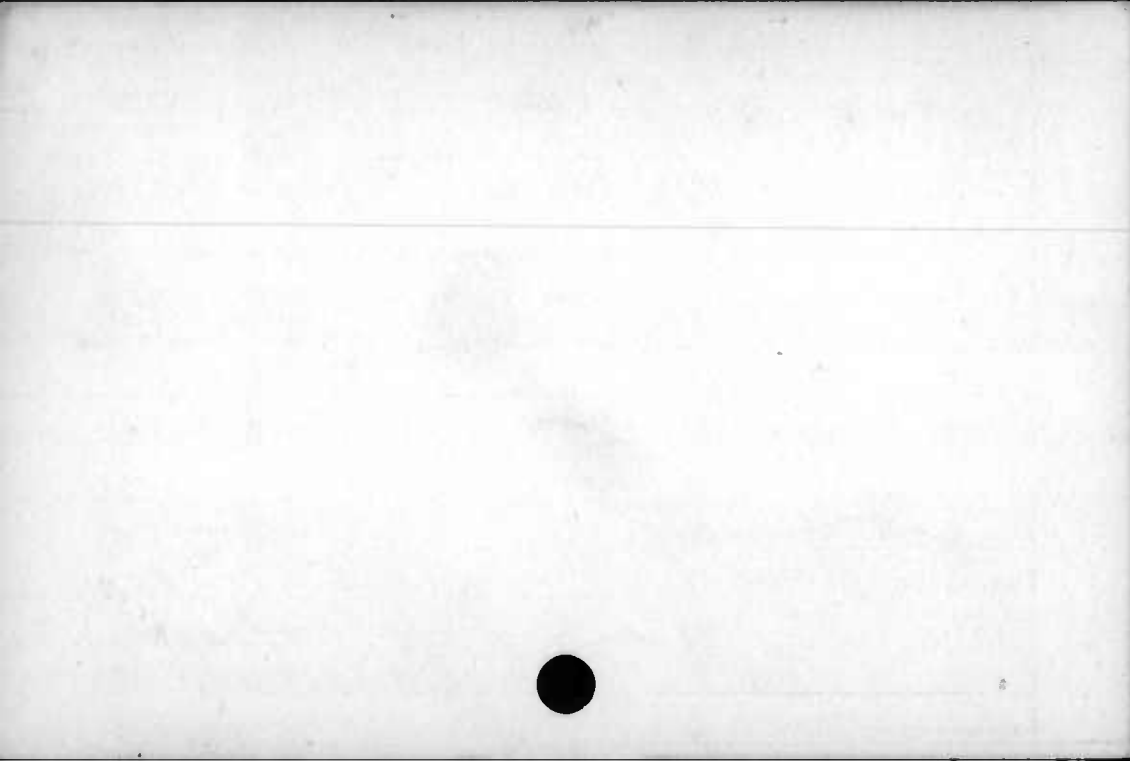
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City Md</i>		Town <i>Pocomoke City Md</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>17</i>	Age <i>2</i>	Years <i>2</i>	Months <i>8</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pocomoke City Md</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Henry J. Lewis</i>				Father's Birthplace <i>Pocomoke City</i>			
Mother's Maiden Name <i>Mary C. Gaylord</i>				Mother's Birthplace <i>Worcester Co. Md</i>			
Name of person giving information <i>Mary C. Lewis</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septicemia</i>	How long <i>7 Days</i>
Immediate <i>peritonitis</i>	How long <i>2 Days</i>
Are the name, age, sex, color, date and place, correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Hall</i>
	Address <i>Pocomoke City, Md</i>
Accident or Suicide?	





Name  
in  
Full

Fred Holland. Lower

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Knox</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>6</i>	Day <i>18</i>	Age <i>—</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Berlin</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Rufus Lowe</i>			Father's Birthplace		
Mother's Maiden Name <i>Louise</i>			Mother's Birthplace		
Name of person giving Information			<i>14</i> How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>1 week</i>
Immediate	<i>Acute Hydrocephalus</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. Holland</i>	
<i>Jr</i>		Address <i>Berlin</i>	
Accident or Suicide?		<i>md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

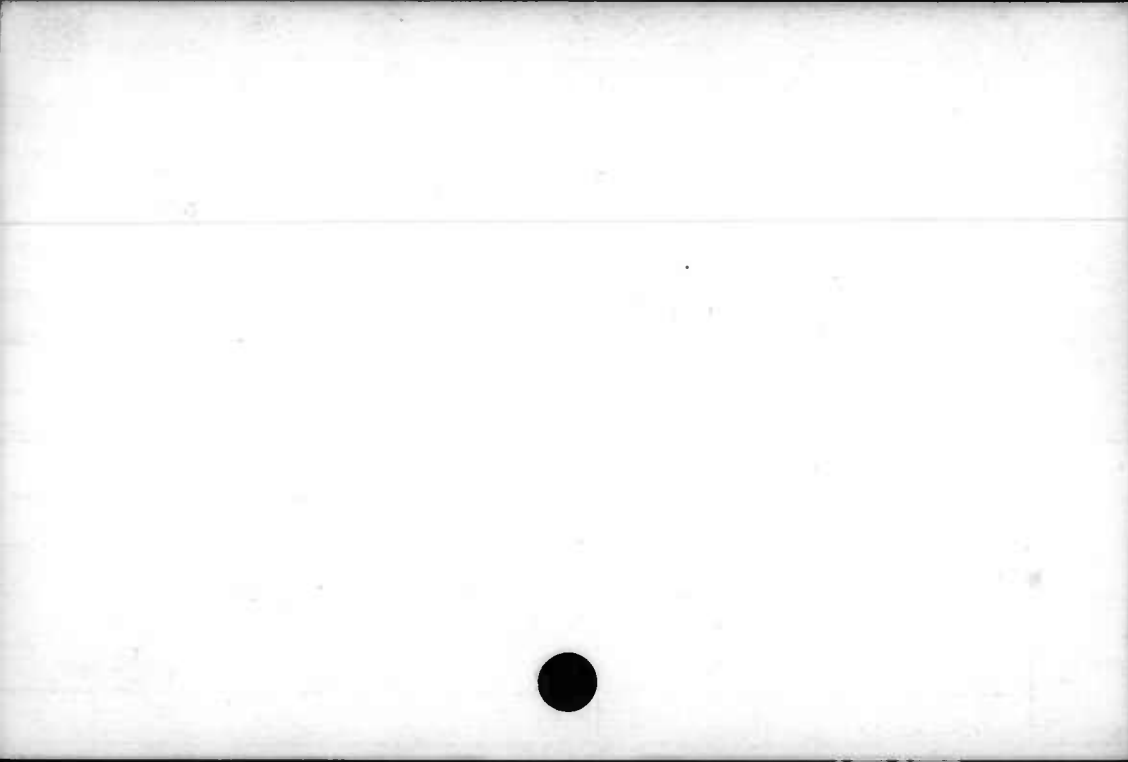
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Clarence E McDannel</i>		Town <i>Potomoke city</i>		County <i>Worchester</i>		MARYLAND	
Died at <i>Potomoke city</i>		Date of death 1903		Month <i>June</i>		Day <i>21</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>20</i>		Years <i>20</i>	
Married, Single or Widowed <i>—</i>		Occupation		Birth-place <i>Potomoke city</i>		Months <i>20</i>	
Name of Wife or Husband <i>—</i>		Father's Name <i>Frederick McDannel</i>		Father's Birthplace <i>Potomoke city</i>		Mother's Birthplace <i>Worchester Co</i>	
Mother's Maiden Name <i>Lola M Cutler</i>		Name of person giving Information <i>Fred McDannel</i>		How related to deceased <i>Father</i>		105	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum &amp; Congestion</i>		How long <i>2 weeks</i>	
Immediate <i>Cerebral Congestion</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel S. Linnard</i>	
		Address <i>Potomoke city, Mo</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

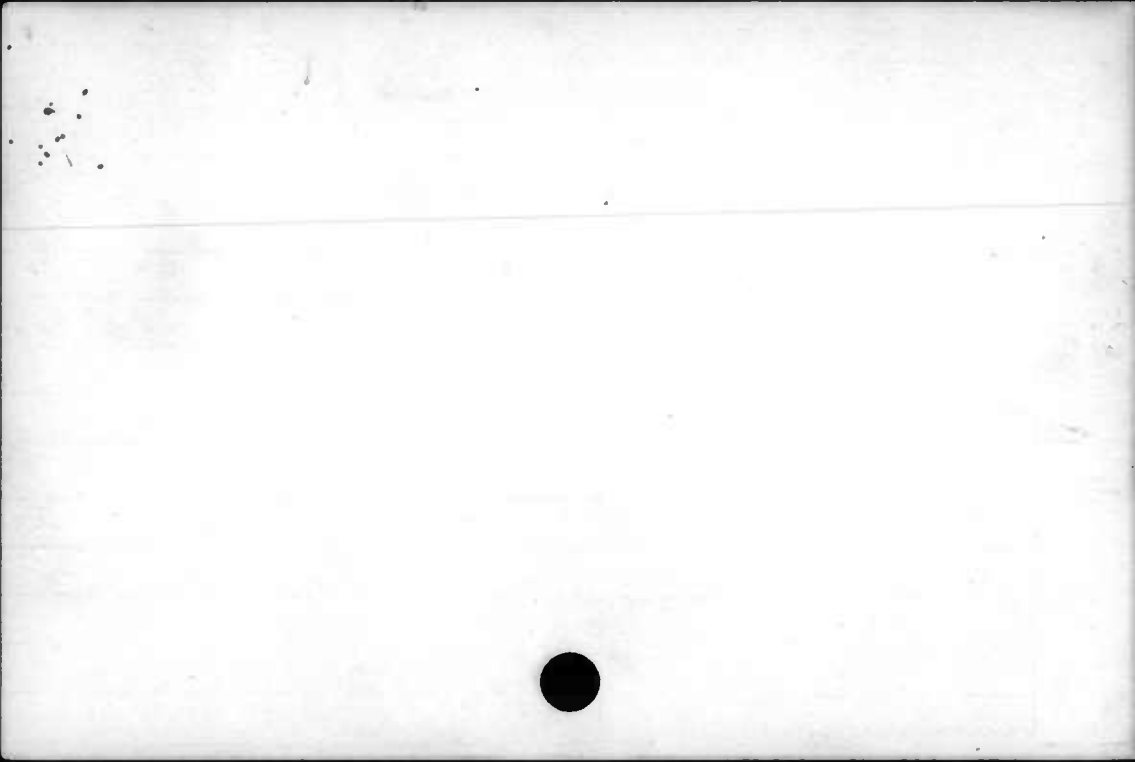
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		June	28	79		1	29
Sex		Color or Race		Birth-place			
Female		White		Virginia			
<del>Married, Single or Widowed</del>		Occupation					
Name of Wife or Husband		Rev. J. McPhail					
Father's Name		Peter White				Father's Birthplace	
						Va	
Mother's Maiden Name						Mother's Birthplace	
						Va	
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Tuberculosis		2 yrs	
Immediate		How long	
27			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Paul Jones MD	
		Address	
		Snow Hill	
Accident or Suicide?			
No		Yes	



Name  
in  
Full

Martha L Mapp

## CERTIFICATE OF DEATH

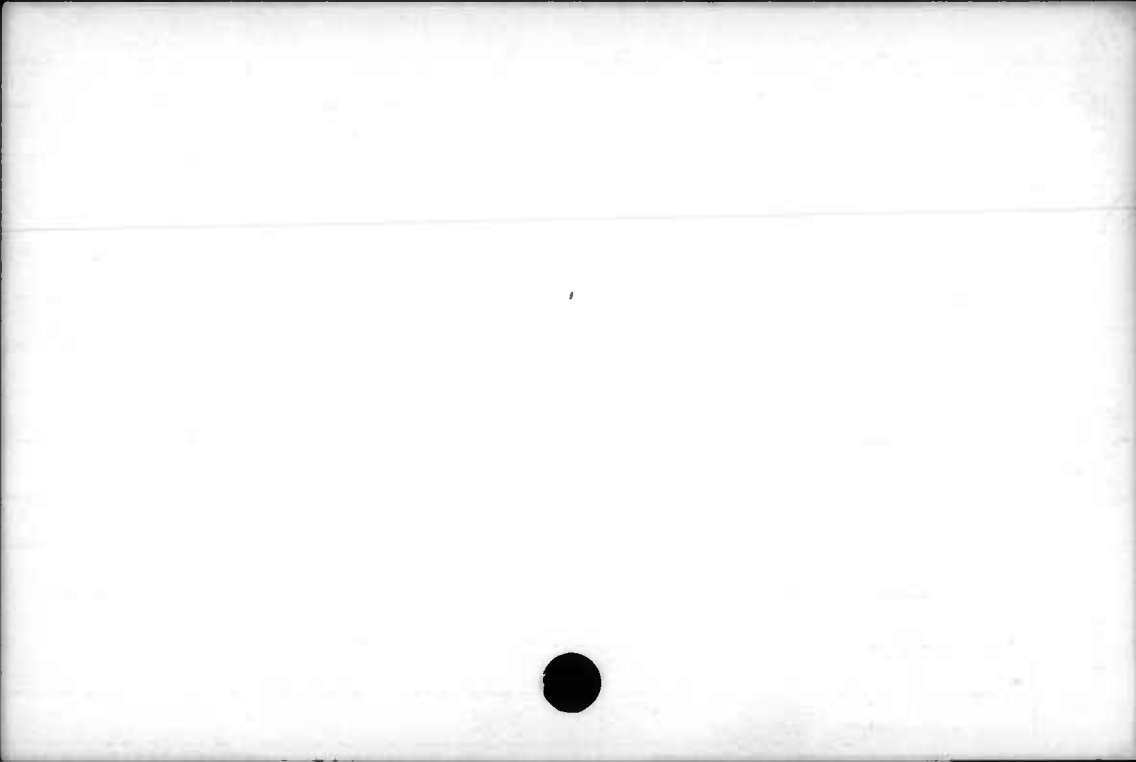
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prairie City</i> <sup>Town</sup>		<i>Worchester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>12</i>	Years <i>52</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Accomack Co Va</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Domestic</i>		
Name of Wife or Husband <i>Widow</i>					
Father's Name <i>Ouer</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>B J Melvin</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

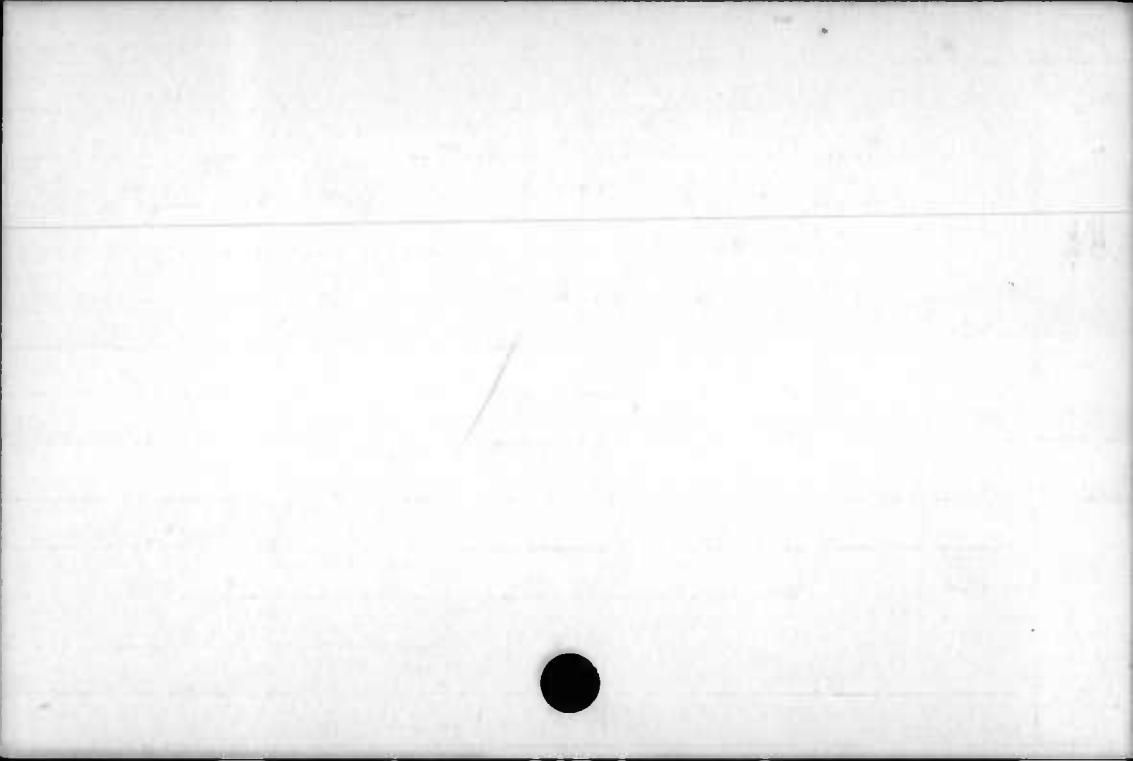
PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>Years</i>
Immediate <i>Malaria + exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saul S Quinn</i>
	Address <i>Prairie City Md</i>
Accident or Suicide?	

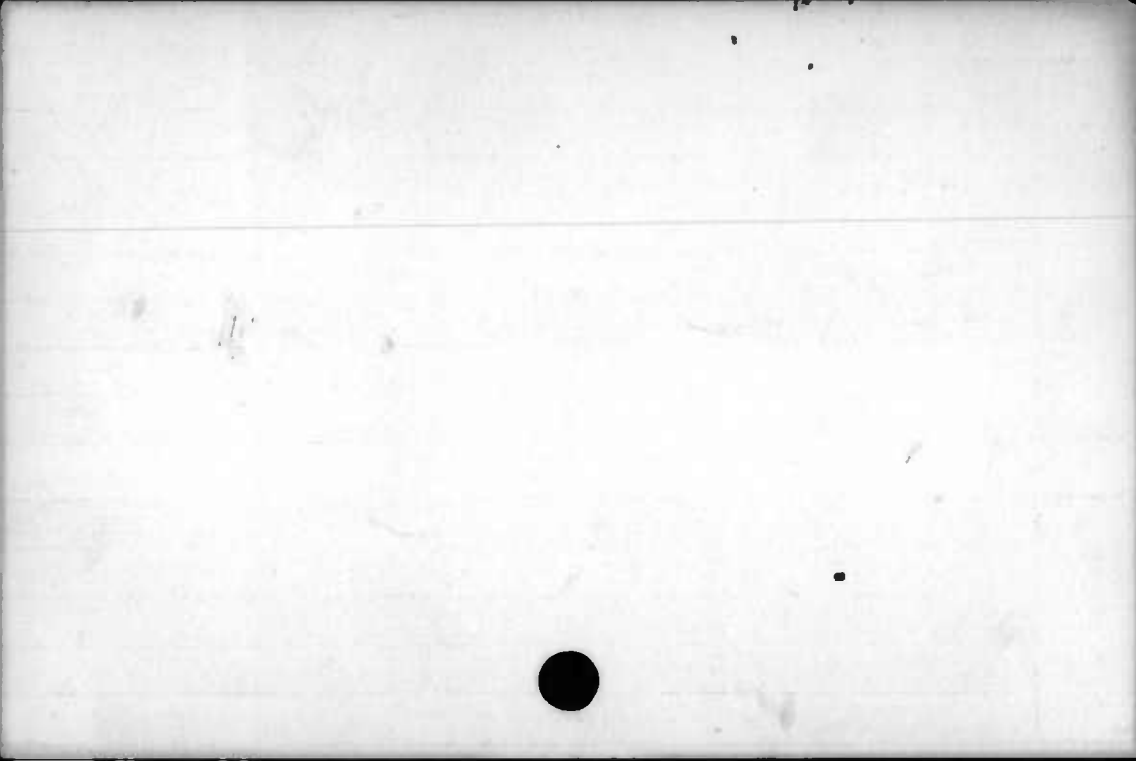




Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Syracuse</i> <small>Town</small>		County <i>Worcester</i>	
		Date of death 190 <i>3</i> <small>Month</small> <i>6</i> <small>Day</small> <i>9</i>		Age <i>22</i> <small>Years</small> <small>Months</small> <small>Days</small>	
		Sex <i>female</i>	Color or Race <i>Blk</i>	Birth-place <i>Worcester</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>	
		Name of Wife or Husband <i>Lv Purnell</i>			
		Father's Name		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
		Name of person giving information <i>Bill Litchson</i>		How related to deceased <i>Brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Typh Consumption</i>		How long <i>One year</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E Holland</i>		
			Address <i>Berlin</i>		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>M. J. Westley</u> Town		County <u>Worcester</u>	
		Date of death 190 <u>3</u> Month <u>June</u> Day <u>1</u>		Age <u>11</u> Years	
		Sex <u>Female</u>		Color or Race <u>Colored</u>	
		Married, Single or Widowed <u>Married</u>		Occupation <u>House Wg.</u>	
		Name of <del>Wife</del> or Husband <u>Geo. B. Parnell</u>			
		Father's Name <u>Henry P. Parnell</u>		Father's Birthplace <u>Worcester</u>	
		Mother's Maiden Name <u>Mary A. Parnell</u>		Mother's Birthplace <u>Worcester</u>	
		Name of person giving information <u>Maggie S. Smith</u>		How related to deceased <u>Sister</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Consumption</u>		How long <u>7 month</u>	
		Immediate <u>No</u>		How long <u>6. Days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>William S. Williams</u>	
		<u>Brown Hill</u>		Address <u>Worcester</u>	
		Accident or Suicide?		<u>Maryland</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

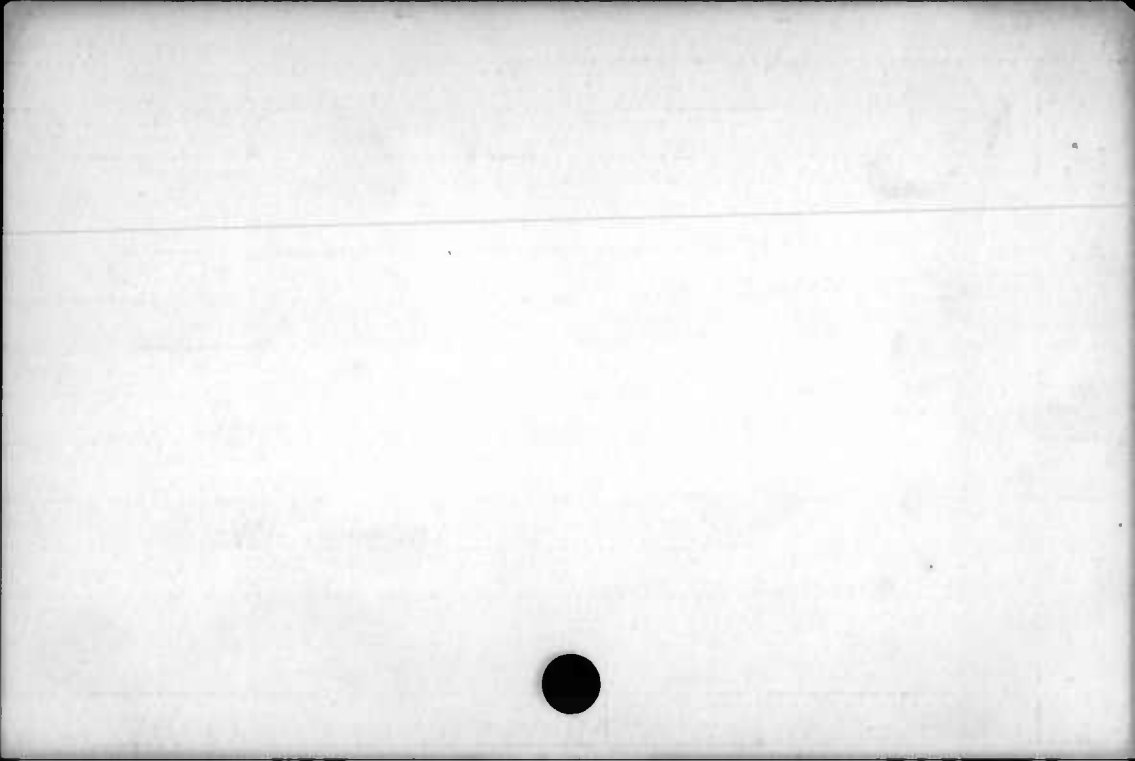
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Poconoke City</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jun</i>	Day <i>28</i>	Age	Years <i>7</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Near Poconoke</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. Stoughton</i>			Father's Birthplace <i>Acworth</i>		
Mother's Maiden Name <i>Mary Schoolfield</i>			Mother's Birthplace <i>Worcester</i>		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Congestion</i>	How long <i>2 days</i>
Immediate <i>exhaustion</i>	How long <i>1st</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sabel S. Quinn</i>
<i>151</i>	Address <i>Poconoke City Md</i>
Accident or Suicide? <i>.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Groddletts</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>11</i>	Age <i>0</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. Farr</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lizzy Pennington</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Geo. Farr</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>About 3 weeks</i>
Immediate <i>Convulsion</i>	How long <i>Few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Pennington, M.D.</i>
<i>Groddletts</i>	Address <i>Worcester, Co.</i>
Accident or Suicide? <i>—</i>	<i>—</i>

